

NOTICE

Due dates for enrollment packets have been updated as follows:

<u>Start / End Dates</u>	<u>Enrollment Packets Due By</u>
09/01/13 – 07/15/14	08/19/13 by 5:00pm
09/16/13 – 07/31/14	09/03/13 by 5:00pm
10/01/13 – 08/15/14	09/16/13 by 5:00pm



Packets must arrive no later than the required due date for the member to begin service on the planned start date. Please ensure that enrollment packets contain all of the completed forms and required documentation. If paperwork is not complete, the enrollment may be delayed until the next scheduled WSC start date.



Criminal History Background Check Authorization - Member

Member Name: _____
First Last

Sponsoring Organization (project agency/site name): _____

The Washington Service Corps is required by federal law and AmeriCorps regulations to complete a criminal history check to ensure that the community is protected, particularly children, individuals with disabilities, and individuals over 60 years old.

This background check will entail a search of the National Sex Offenders Registry, Washington State Patrol check (WATCH), a check of the state where you lived when you applied for this position, and a fingerprint-based FBI criminal history check.

You will not be officially enrolled in any WSC AmeriCorps position until the sex offender registry, WATCH, and FBI checks are complete and cleared by WSC.

- I allow the Washington Service Corps and its partners to complete a criminal background check; including NSOPR, state, and FBI checks.
- I understand that the results of these checks will be maintained by Washington Service Corps and may be shared in the event of an audit.

Answer the following three questions. Existence of a criminal conviction or juvenile adjudication may or may not, depending on the circumstances, disqualify you from consideration.

1. What state did you live in at the time you submitted your AmeriCorps application for this position?
State of _____
2. Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations?
☐ Yes ☐ No If yes, please provide date and name of offense, and date of conviction. (Use the back of page if needed)
3. Are you currently facing charges for any offense?
☐ Yes ☐ No If yes, please provide details, including date of offense, name of charges filed, and status of charges. (Use the back of page if needed)

I certify that all of the statements made in this authorization are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that any intentional misrepresentation or omission will result in disqualification or termination as an AmeriCorps member.

Signature: _____

Date: _____



Criminal Background Check Certification

Sponsoring Organization: _____

Member Name: _____
First Name Last Name

Please check appropriate boxes below.

✓ **NSOPR** reviewed and results sent to WSC

✓ **WATCH** reviewed and results sent to WSC

Check ONE of the following:

☐ **FBI** check results reviewed and sent to WSC

-OR-

☐ **FBI** check initiated and waiver submitted to WSC while awaiting results

Check ONE of the following:

☐ **Out-of-state** check NOT REQUIRED for this individual

-OR-

☐ **Out-of-state** check results REVIEWED and sent to WSC

-OR-

☐ **Out-of-state** check initiated and waiver submitted to WSC while awaiting results

I certify that we have reviewed the results of these criminal background checks and we have considered those results in the decision to select this member.

Project Supervisor Name: _____

Project Supervisor Signature

Date: _____



On-Payroll Form

For WSC Use Only:

Charge Code: _____ **Project Number:** _____ **PC Initials:** _____
Circle Program Type: IP WSC WRC SI **Living Allowance Amount:** \$ 1,155
Is this a Leader? Yes No **WSC Health Insurance** Yes No

Please type or print in ink above the requested information

Member Information:

First	Last	MI	Month	Day	Year
Member's Legal Name (as appears on Government-issued photo ID)			Date of Birth		
		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Social Security #		Phone Number		Gender	
Member Mailing Address (Local address only. Stipends will be mailed to this address.)					
City		State	Zip Code + 4 (Look Up)		
Start Date		End Date	County Serving In		State of Residence at Time of Application
Were you a WSC or WRC member during the 2012-2013 program year? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, name of previous Site:		

Project information:

Sponsoring Organization (Project Site)		
Mailing Address	City	WA State Zip Code + 4 (Look Up)
Project Supervisor Name	Project Supervisor Phone	Project Supervisor Email

Member Placement Information:

<input type="checkbox"/> If Service Site is the same as the Project Site, then check here and skip this section.		
Member Service Site		
Service Site Address	City	WA State Zip Code + 4 (Look Up)
Site Supervisor Name	Site Supervisor Phone	Site Supervisor Email

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____		
B	Enter "1" if: <table border="0"><tr><td><div>• You are single and have only one job; or</div><div>• You are married, have only one job, and your spouse does not work; or</div><div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></td><td>_____</td></tr></table>	<div>• You are single and have only one job; or</div> <div>• You are married, have only one job, and your spouse does not work; or</div> <div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div>	_____	B _____
<div>• You are single and have only one job; or</div> <div>• You are married, have only one job, and your spouse does not work; or</div> <div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div>	_____			
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____		
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____		
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____		
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____		
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____		
<div>For accuracy, complete all worksheets that apply.</div> <div>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div> <div>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div> <div>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div>				

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►		Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details.	1	\$
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$
4	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$
6	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	6	\$
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$
8	Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	8	
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



National Service Trust Enrollment Form



Completion of this form is required to enroll a serving member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

PART 1

Member: Please Complete and Sign

1. **Name** _____
Last _____ First _____ MI _____
2. **Date of Birth** _____ **3. Social Security Number** _____
Month _____ Day _____ Year _____
4. **Citizenship Status** ☐ I am a U.S. Citizen or National * ☐ I am a Lawful Permanent Resident Alien of the United States **

*Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.

**Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.

5. **School Status** ☐ I have received a high school diploma or its equivalent
☐ I agree to obtain a high school diploma or its equivalent before using my educational award, and I did not drop out of elementary school or secondary school to enroll in the program.
6. **Current Address** (All information will be sent to you at this address until you notify the Corporation of a change of address.)

Number and Street _____
City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Business Phone _____ Ext _____

7. **Permanent Address** (Name and address of person through whom you can always be reached once you leave the program.)

Last _____ First _____ MI _____
Number and Street _____
City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Business Phone _____ Ext _____

8. Have you previously enrolled in an AmeriCorps, Silver Scholar, or Serve America Fellow Program? No ☐ Yes ☐ How many times? _____
9. Have you ever been released 'for cause' by any AmeriCorps, Silver Scholar, or Serve America Fellow program? No ☐ Yes ☐.

10. **Education Award Limitations.** I understand that I may not receive more than the aggregate value of two full-time education awards and that upon successful completion of the term of service, I will receive only that portion of the education award for which I am eligible, which may be all or a part of an education award, or no education award, pursuant to 45 CFR § 2526.55

PART 2

Member Enrollment Certification

By signing this enrollment form I agree, if asked, to provide documentation to verify the accuracy of the information I have provided in this form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Member's Signature _____ Date _____

PART 3**Member: Please Answer the Following Questions**

1. **What is your gender?**
☐ Female ☐ Male
2. **Are you registered to vote?**
☐ Yes
☐ No
☐ Not sure
☐ Not eligible
☐ Prefer not to respond
3. **Which of the following categories best describes your racial (mark one or more) or ethnic origins (mark one)**
A. Race
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White
☐ Asian
☐ Other
B. Ethnicity
☐ Hispanic or Latina/o
☐ Not Hispanic or Latina/o
4. **What is the highest level of education you have completed?**
☐ Less than high school completed
☐ GED
☐ High school graduate
☐ Technical school/apprenticeship/vocational
☐ Some college
☐ Associates degree (AA)
☐ College graduate
☐ Some graduate school
☐ Graduate degree
☐ Professional degree (medical, law)
5. **Are you a veteran of the United States Armed Forces?**
☐ Yes ☐ No
6. **What are the two most important reasons why you decided to join this program?**
☐ To get an education award
☐ To help other people/perform a community service
☐ To be part of a national movement
☐ To get a job/earn money
☐ Friends have joined
☐ To make friends
☐ To learn about or work with different ethnic/cultural groups
☐ Parents/teachers wanted me to join
☐ To explore future job/education interests
☐ To get involved in health issues
☐ To get involved in education issues
☐ To get involved in environment issues
☐ To get involved in public safety issues
☐ Other (Specify: _____)
7. **How did you hear about this program? (Mark all that apply.)**
☐ Article
☐ Advertisement in a newspaper/magazine
☐ Guidance counselor/teacher
☐ Parent/relative
☐ Current or former AmeriCorps Member
☐ Friend told me/friend applied
☐ TV commercial
☐ Radio commercial
☐ The internet
☐ AmeriCorps recruiter/representative
☐ Received information in the mail
☐ AmeriCorps program poster
☐ Other (Specify: _____)
8. **Privacy Act Information Release**
☐ Yes, I give the Corporation for National and Community Service permission to release my name, address, email and telephone number to the AmeriCorps Alumni Association.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1)).

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Information may also be provided to federal, state, and local agencies for law enforcement purposes. The information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in this document. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award. In furtherance of the Corporation's efforts to ensure that the programs are inclusive of persons with disabilities, your Social Security Number may be released to the Social Security Administration to measure aggregate statistical data on the number of AmeriCorps members receiving disability-based benefits. If you do not wish your personal information to be included in this research, mark "prefer not to respond" under question 6.

OMB Approval No.3045-0006



Health Insurance

Member Name: _____

AmeriCorps members must have a required level of health insurance coverage. Below are the minimum standards as established by the Corporation for National and Community Service (CNCS).

- physician services for illness or injury;
- hospital room and board;
- emergency room care;
- x-ray and laboratory costs;
- prescription drugs;
- mental or nervous conditions (may be limited);
- substance abuse (limited coverage);
- annual deductible of no more than \$250 per member;
- no more than \$1,000 total annual out-of-pocket per member;
- 20% co-pay or a comparable fixed fee with the exception of a 50% co-pay for mental and substance abuse care; and
- maximum benefit of \$50,000

☐ I am declining health insurance coverage provided by the Washington Service Corps. I'm covered by another health insurance plan that meets the minimum standards. (***please submit a copy of the health insurance ID card***)

☐ I am accepting the health insurance coverage provided by the Washington Service Corps.

Member's Signature: _____ **Date:** _____

If you lose health coverage during your term of service you will need to sign and date below to activate the health insurance with the WSC. The insurance will take effect on the date signed.

☐ I am accepting the health insurance coverage provided by the Washington Service Corps.

Member's Signature: _____ **Date:** _____

If you gain health coverage during your term of service you will need to cancel your health insurance with the WSC by signing and dating below. The WSC insurance will be cancelled on date signed.

☐ I am declining health insurance coverage provided by the Washington Service Corps. I'm covered by another health insurance plan that meets the minimum standards.

Member's Signature: _____ **Date:** _____



AmeriCorps*State
Member Service Agreement
Program Year 2013-2014



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Introduction

Dear Washington Service Corps Member,

Washington Service Corps values the AmeriCorps Member's commitment to service. It is important to know that when you take the AmeriCorps Pledge to "Get things done for America" this is greater than a commitment to your site, it is a commitment to National Service.

We also make a commitment to you. The organization you are placed with has been selected by the Washington Service Corps to sponsor a National Service project, and to support you in your commitment to serve, we will provide support and technical assistance to your sponsor organization. This document lays out your benefits, rights, and responsibilities as a Service Corps Member. Read it carefully, and please feel free to clarify with your Project Supervisor any questions prior to signing.

Sincerely,

Washington Service Corps Staff

I. Purpose

The purpose of this Member Service Agreement is to provide information about member benefits, rights and responsibilities, and other expectations and conditions that govern the term of service with the Washington Service Corps (WSC), a program of the Washington State Employment Security Department (ESD).

By signing this document you confirm your agreement, and responsibility to comply with all the terms and conditions outlined as program requirements. This is a contractual agreement. This service agreement should not be signed by any party without reviewing the detailed terms outlined in the document.

II. Member Eligibility

Eligibility Requirements: To be eligible to enroll in AmeriCorps, an individual must:

- be a United States citizen, U.S. national, or a lawful permanent resident alien of the United States
- be at least 17 years of age
- pass required criminal history background checks
- not be listed on the National Sex Offender website

Age Restrictions: Certain age restrictions apply to various WSC programs. For instance, in accordance with Washington State Law (Revised Code of Washington, RCW 50.65), Members enrolling in WSC's Individual Placement program must be between the ages of 18 and 25 on their first day of service.

Tutoring Requirements: All Members serving in tutoring programs must possess a high school diploma or equivalent.

Criminal History Background Checks: Sponsor organizations are required to conduct three types of background checks; the National Sex Offender Public Registry Check (NSOPR), State Criminal History Background Check(s), and the FBI fingerprint-based check also known as the Criminal History Record Information (CHRI), before an individual may be eligible to serve. An individual who refuses to undergo the required checks cannot be enrolled. State criminal background check(s) must be completed using the Corporation for National and Community Service (CNCS) specified state registry. State checks will be conducted both for Washington State and the state of residence at the time the Member applied to the position, if different. The background check documentation must be maintained according to state disclosure laws. WSC required criminal history background check documentation will be maintained in the WSC office.

In rare cases, a waiver will be requested for a Member whose sponsor organization is awaiting the results of the Member's out of state background check. The waiver allows the Member to serve while the background check is pending. Until the result of the out of state criminal registry check is received by the sponsor organization, the Member may not serve unsupervised. In this case, a covered sponsor organization staff must accompany the Member at all times during service until the results are provided to WSC.

Former Employees: Normally, projects may not select an employee, or previous employee, as an AmeriCorps Member. However, if the project receives an application from a current or former employee and wishes to select the individual as a Member, the project must request a waiver from the WSC. The project must demonstrate that the Member will be performing activities and serving in a capacity distinct from his or her prior employment.

Returning National Service Participants: To be eligible to serve for a subsequent term of service the Member must receive a final satisfactory, or better, performance evaluation for his or her most recent term of national service served with the WSC or elsewhere. The Member understands that mere eligibility for an additional term of service does not guarantee selection or placement.

III. Terms of Service

- A. The Member's term of service dates are reflected on the final page of this Agreement, under Acknowledgement.
- B. AmeriCorps Members serving in a full-time capacity will complete a minimum of 1700 hours of service during the term of service. Full-time is defined as an average of at least 40 hours per week.

- C. The Member understands that to successfully complete the term of service as defined by the WSC and consistent with the regulations of the Corporation for National and Community Service, the Member must:
- Complete the required term of service and meet or exceed the service hour requirement for their position.
 - Satisfactorily complete project related service assignments, tasks, projects, and training.
 - Satisfactorily complete WSC program related requirements and training; Members of the Individual Placement program must attend the WSC sponsored SERVES training institute to be held October 28-30, 2013, in Yakima. Members serving in a team-based program will receive training provided by the member's project site.
 - Complete and sign the final timesheet and exit form. Failure to provide a signed final timesheet on the last day of service will result in disallowed hours and may impact eligibility for the Education Award or possible future AmeriCorps terms of service.

IV. Benefits

Living Allowance: Members will receive a monthly living allowance. Official pay dates are tentatively set for the 5th and the 20th of each month. Members are required to have their living allowance directly deposited into their checking or savings account. Members will find their living allowance deposited into their checking or savings account on pay dates. If the payday falls on a weekend, pay will be received on the weekday closest to the 5th or 20th.

If using direct deposit will cause a hardship for the Member, an exception may be requested from WSC. Members with an approved exception may receive a check. Checks are typically received on or after the 5th and 20th of the month. If a check is lost in the mail or stolen, the Member should contact their Supervisor immediately. The WSC will issue the required form to request replacement of that check which may take as long as 30 days to replace.

The AmeriCorps Member's living allowance is subject to deductions for: federal income tax, OASI (Social Security), and Medicare. Withholding deductions will vary according to the number of dependents claimed on the W-4 form.

AmeriCorps Members are prohibited from accepting or soliciting monetary compensation from their project or placement site above and beyond their living allowance while serving as a Member of the WSC.

AmeriCorps Members are not in an employee relationship with the federal government, the program, or the sponsor organization for unemployment compensation purposes and, therefore, are not covered by unemployment compensation. According to RCW 50.65, time spent and compensation earned in the WSC are specifically excluded from credit for unemployment compensation. Prior employment history, however may entitle the former Member to unemployment compensation benefits.

Health Insurance: AmeriCorps Members may receive health insurance which includes, at a minimum: physician services for illness or injury; hospital room and board;

emergency room care; x-ray and laboratory costs; prescription drugs; mental or nervous conditions (may be limited); substance abuse (limited coverage); annual deductible of no more than \$250 per member; no more than \$1,000 total annual out-of-pocket per member; 20% co-pay or a comparable fixed fee with the exception of a 50% co-pay for mental and substance abuse care; and maximum benefit of \$50,000. If the Member does not have other insurance which meets these minimums at the time of enrollment, then the member will be enrolled in coverage provided by WSC. Members that already have coverage that includes the minimums above will be required to waive coverage from WSC. WSC does not provide secondary health insurance coverage. If a member's insurance status changes during the term of service (i.e. gain or lose other coverage), they must notify WSC in writing to add or drop the WSC-paid health insurance. Family Members are not eligible for coverage through the WSC insurance policy. COBRA guidelines are not applicable for AmeriCorps Members since they are not considered employees of the program or the federal government. Detailed information about the AmeriCorps health insurance policy is provided to Members at the beginning of the service term.

Workers' Compensation: AmeriCorps Members are covered by Department of Labor and Industries' Workers' Compensation for service-related accidents. This coverage will pay medical benefits to Members in case of illness or injury if it is caused or aggravated by the performance of the Member's usual and customary, authorized duties of their project assignment. Workers' Compensation does not provide coverage if the injury or illness is caused or aggravated by the Member's own misconduct, voluntary intoxication, or willful intent to bring about injury or death to themselves or others. Members will not receive service hours or stipend pay (time loss), to include childcare benefits, while on extended periods of leave due to injury. Please refer to WSC Member leave policy around administrative hold status for further information around this.

Accidents should be reported to the Supervisor immediately and to the WSC Program Coordinator within a reasonable amount of time thereafter. Documentation about the injury, please ensure you identify as an AmeriCorps member on the L&I claim. Your sponsor organization must retain a copy of that claim, in a file separate and secure from the Member's personnel file. Copies of that documentation must be provided to WSC within a reasonable amount of time thereafter.

Child Care: Full-time Members may receive a child care subsidy while they participate in national service. In order to receive the subsidy, the Member's family must be income eligible and the child(ren)'s caregiver must be considered a legal provider in the state. Reimbursement rates and eligibility will be based on locally established guidelines under the Child Care Development Block Grant (CCDBG), a federally funded program administered by each state. Full-time Members are eligible for childcare benefits if they:

- are parents or custodians of dependents under 13 years of age who reside with them,
- need child care in order to participate, and
- have a family income that does not exceed the state's income eligibility guidelines.

Members are not eligible to receive child care from AmeriCorps while they are receiving other child care subsidies. Visit the WSC website at:

<http://www.esd.wa.gov/washingtonservicecorps/partnersandMembers/project-childcare-resources.php> for more information.

Segal AmeriCorps Education Award: Upon successful completion of the Member's term of national service, the Member will receive an education award from the National Service Trust. Full-time Members will receive a \$5,550 education award. Education awards can be used to repay qualified student loans, to pay the cost of attending qualified institutions of higher education (including certain vocational programs), or to pay current expenses while participating in an approved school-to-work program. The education award is valid for seven years after the date the Member completed the term of service for which he or she received the award. Individual's age 55 or greater, at the time of enrollment, may transfer their education award to a child or grandchild under certain conditions. The education award is taxable in the year(s) the award is used.

- A. If the Member has not yet received a high school diploma or its equivalent (including an alternative diploma or certificate for individuals with disabilities), the Member agrees to obtain a high school diploma or its equivalent before using the education award.
- B. The Member understands that failure to disclose any history of having been released for cause from another AmeriCorps program may render the Member ineligible to receive the education award.
- C. The Member understands that if they have already received the equivalent of two full time education awards, they are not eligible to receive an additional education award.

Loan Forbearance on Qualified Student Loans¹: AmeriCorps Members are eligible to have the repayment of certain qualified student loans postponed while they are serving as an AmeriCorps Member. During a period of forbearance, Members do not have to make payments on qualified loans, although interest continues to accumulate. The National Service Trust does not grant forbearance, the loan holders do. The postponement, called forbearance, is not automatic. Members must request forbearance from their loan holder using the on-line system at http://www.americorps.gov/for_individuals/online/index.asp

If a Member is not eligible for loan forbearance they may be able to contact their lender to request an economic hardship deferment. The WSC can provide documentation of Members' earnings, if requested.

Payment of Interest on Qualified Student Loans: AmeriCorps Members who have successfully completed a term of service are eligible to have the National Service Trust pay up to 100% of the interest that accrued on their qualified student loan(s) during their term of service. The loan must have been in forbearance, deferment or a grace period during this period. To have the Trust pay all or a portion of the interest accrued on qualified student loans, the Trust must receive verification from the WSC that the Member has successfully completed their term of service. The Member must complete the [Interest Accrued During National Service Form](http://www.americorps.gov/for_individuals/online/index.asp) using the on-line system: http://www.americorps.gov/for_individuals/online/index.asp. This payment, like

¹ The national service legislation defines qualified student loan as a loan backed by the federal government under Title IV of the Higher Education Act (except PLUS Loans to parents of students), or under Titles VII or VIII of the Public Health Service Act. For more information please refer to the AmeriCorps website at: http://www.americorps.gov/for_individuals/benefits/benefits_ed_award_use.asp

payments from an education award, is considered taxable income in the year the payment is made.

V. Member Development

Core Training: All Members of the WSC will receive required core training including: AmeriCorps Affiliation and Program Orientation; Volunteer Recruitment, Management and Recognition; Cultural Competencies; Effective Communication; Leadership Skills Development, and Life After AmeriCorps. Time spent in training is not to exceed 20% of a Member's total service hours.

Orientation to AmeriCorps: Sponsor organizations will orientate Members to AmeriCorps, to the site, to the community the Member will serve, and to the service that they will provide.

SERVES Training Institute: (Individual Placement Members only) The WSC will host one multi-day training institute in the fall, called SERVES. In addition to receiving many of the core trainings required by WSC, which will help Members to be more effective in their service assignment, this event is an excellent vehicle for Members to network with other WSC Members from across the state. At this training, members will also be provided Performance Measurement training which will help train on the importance of tracking key performance measurement data information during the term of service for their sponsor organization as a required part of the service term. This SERVES Training Institute will require overnight lodging, paid for by the WSC. All cost to travel to and from training will be paid by the sponsor organization, including any reimbursement to be paid to the Member. Full attendance and participation of individual placement Members is mandatory, even for returning Members of WSC. Any requests to not participate must be sent by the sponsor organization's Supervisor to WSC Director of Program and Operations for approval, with any supporting documentation. This will include the sponsor organizations commitment to pay for the trainers identified, to include review and approval by WSC, to cover the core training and Performance Measurement training during the member(s) service term outside of this required training institute.

Position Description: Each Member will receive a Position Description that is unique to their national service position. At a minimum, the Position Description includes the typical hours of service, location of service, the names and phone numbers for the Supervisors, and a description of the Member's service activities. The commitment to Duties and Responsibilities described in the Position Description are incorporated into this Member Service Agreement by reference.

Changes to Member duties and responsibilities from those documented in the Position Description, including changes in Supervisor, or Member schedule, require an Amended Position Description to be submitted to WSC for approval. Once approved, Member and Supervisor sign and date the amended form, retain a copy for Member and sponsor organization files, and send the original to the WSC Program Coordinator prior to, if possible, or immediately after a change occurs.

Performance Evaluations: Two Member evaluations are required during the term of service. At a minimum, evaluations are due mid-term (by January 31st) and end-of-term (by June 30th). The Supervisor and the Member will reflect on the Member's progress and skill development and determine if the Member is on-track to complete the required

service hours. Members are encouraged to provide comments on the evaluation form, responding with reflection or action plans to the evaluation. If a member leaves for any reason prior to the end of the contractual term of service, an exit evaluation is required by the Supervisor to complete where it may be provided to the Member if available upon ending that term of service.

Corrective actions will be dealt with in a timely manner and are not necessarily linked to the evaluation schedule. See Disciplinary Guidelines, Section IX.

VI. Leave Situations

WSC AmeriCorps Members are not considered employees and are therefore not entitled to vacation time, compensatory time or sick leave. Members may be approved for reasonable leave time according to the Approved Absence paragraph below. Reasonable leave time is defined as time off that will not prevent the sponsor organization from achieving its objectives. Additionally, leave - or time off - must not keep the Member from meeting the minimum of 1,700 hours (full-time term of service), which is required to receive the AmeriCorps education award.

Approved Absence: All leave must be approved in advance and be verifiable. When approving leave, sponsor organizations must adhere to the following:

- Members who are on-track to achieve the 1,700 hours requirement may be granted short-term (i.e., a few days) time off for personal matters.
- The sponsor organization should exercise prudent judgment in granting personal time off so project objectives are not compromised.
- Members who are not on-track to achieve 1,700 hours may be granted time off to meet urgent personal needs only, such as medical issues, Department of Social and Health Services appointments, court dates, family bereavement, etc.

Holiday Leave: AmeriCorps Members may be eligible for the same holidays as employees of the sponsor organization without affecting their living allowance. However, holiday hours, if not served do not count toward the service hours required for an education award. Sponsor organizations must ensure that Members are aware of the holidays prior to starting their term of service.

School breaks such as winter and spring breaks should not be considered vacations for Members. For extended site closures, see Alternative Service for more information.

Administrative Hold Status: Administrative hold status is used when Members are unable to serve with their sponsor organization for an extended period of time, yet remain enrolled in the AmeriCorps program. Sponsor organizations may request to the WSC that Members be placed on administrative hold for extenuating personal or medical circumstances such as the birth of a child; serious illness of a Member's spouse, child, or parent; or serious illness preventing the Member from performing his/her essential service duties. Members may also be placed on administrative hold for programmatic reasons with the advance approval of WSC. Administrative hold may be granted up to 90 calendar days or until the scheduled end of the term of service, whichever is earlier. Requests for Members to be placed on administrative hold must be submitted by the Supervisor, to the WSC in a timely manner. Also, all requests must include appropriate back-up documentation. While on administrative hold, Members are not eligible for the

living allowance . Members will not earn hours while in administrative hold status. Members who are on administrative hold will continue to receive health care coverage.

Armed Forces Reserves: Generally, the Reserves of the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, the Army National Guard and the Air National Guard require reservists to serve one weekend a month plus 12 to 15 days a year (two-week active duty service). To the extent possible, sponsor organizations should seek to minimize the disruption in the Members' AmeriCorps service as a result of discharging responsibilities related to their reservist duties. If Members have a choice of when to fulfill their annual two-week active duty requirement, they should do so when it will not disrupt their AmeriCorps service. In instances where the dates of active duty are inflexible and conflict with AmeriCorps service, Members will be granted a leave for the two-week active duty service in the Reserves.

Members will not receive stipended time-off for additional Reserves-related service beyond the two-week active duty service. Also, no AmeriCorps service credit is earned for the once-a-month weekend service in the Reserves. Members will receive credit for AmeriCorps service hours during their two weeks of active duty service in the Reserves if it occurs during their AmeriCorps term of service. The Member would receive credit for the number of hours he or she would have served during that period had there been no interruption. For example, if a full-time Member is scheduled to serve 40 hours of AmeriCorps service one week and 40 hours of AmeriCorps service on the following week, he or she would receive 80 hours of AmeriCorps service credit for the two weeks of active duty service regardless of the actual number of hours served in the Reserves. Members will continue to receive the living allowance, health care coverage, and childcare benefits (if applicable) for their mandatory two-week period of active duty service.

AmeriCorps Members called to active military duty (beyond the two-week active duty service) may be placed on administrative hold. While on hold they will not receive their living allowance, childcare benefits, and health care coverage nor will they receive service hours toward their education award. Members must provide a copy of the orders placing them on active military duty to the sponsor organization Supervisor, who will provide a copy to their WSC Program Coordinator. Members who are called to active duty may choose to be terminated from the project due to compelling circumstances.

Jury Duty: Members who are called to serve on jury duty are allowed to do so. They must provide a copy of the jury duty summons to their Supervisor, who will provide a copy to the WSC Program Coordinator. During the time they serve as jurors, Members will continue to earn service hours and receive their living allowance, health care coverage and if applicable, childcare benefits. Members are also allowed to keep the jury duty pay they receive from the court.

Sponsor organizations should consult with their WSC Program Coordinator if additional guidance is needed.

VII. Allowable Service Hours and Activities

- Members are to provide direct service in accordance with the position description. Only in the event that administrative duties are necessary to reach service goals, will

such duties be allowed. Administrative duties that support general sponsor organization organizational goals are not allowed.

- Member service activities are designed to expand on, or enhance the sponsor organization's impact. Service activities are not to duplicate the routine functions of, or displace paid employees.
- For hours to be allowable and counted toward the minimum hours requirement, hours for service, training, and fundraising must be recorded in timesheets accurately, and submitted as required by program. Failure to submit an accurate signed timesheet on the last day of service will result in disallowed hours and may impact eligibility for the Education Award or possible future AmeriCorps terms of service.
- A member is allowed a maximum of 14 service hours in a day.
- Out of state travel for Member training purposes must be pre-authorized by the WSC Director of Operations for the hours to be allowable. Out of state travel requests are made in writing or via email to the WSC Program Coordinator. The request must include the approval of the Supervisor, a description of the training and where it is located, including the hours involved, and how it relates to the Member's service. Service outside the state of Washington is prohibited by the WSC.

VIII. Rules of Conduct

A. At all times while acting in their official capacity the AmeriCorps Member is expected to abide by the following rules. By signing this agreement, the Member further understands that the failure to do so constitute a violation of the program's Rules of Conduct:

- demonstrate respect toward others
- fulfill duties and responsibilities of the position
- direct concerns, problems, and suggestions to the immediate Supervisor
- report to Supervisor immediately, and in advance of, any tardiness or absences
- use professional and appropriate language when serving
- wear appropriate AmeriCorps service gear to all service assignments
- follow site's established safety guidelines and rules that ensure your well-being and that of program participants
- comply with [current WSC Policies](#), and other policies that may be developed and implemented throughout the program year
- not steal or lie
- comply with your site's current Drug Free Work Place and Non-Discrimination policies
- avoid actions that have the potential to cause physical or emotional damage to other Members of the program or people in the community
- not engage in unlawful manufacture, distribution, dispensation, possession, or use of any controlled substances or illegal drugs during the term of service
- not consume or be under the influence of alcoholic beverages during the performance of service activities
- immediate notification to the program of personal criminal arrests or convictions that occur during the term of service

B. At no time may the Member engage in any activity that is illegal under local, state or federal law, or engage in activities that pose a significant safety risk to others.

- C. Members must adhere to the sponsor organization's policies and procedures during their time of service.
- D. **Prohibited Activities:** Members will not engage in any AmeriCorps prohibited activities during the course of service, or at the request of sponsoring organization staff, nor may Members engage in conduct in a manner that would associate the national service program or the Corporation for National and Community Service (CNCS) with the prohibited activities, which include:

CNCS prohibited activities:

1. Attempting to influence legislation;
2. Organizing or engaging in protests, petitions, boycotts, or strikes;
3. Assisting, promoting, or deterring union organizing;
4. Impairing existing contracts for services or collective bargaining agreements;
5. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;
6. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
7. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
8. Providing a direct benefit to—
 - a. A business organized for profit;
 - b. A labor union;
 - c. A partisan political organization;
 - d. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
 - e. An organization engaged in the religious activities described in paragraph (7) of this section, unless Corporation assistance is not used to support those religious activities;
9. Conducting a voter registration drive or using Corporation funds to conduct a voter registration drive;
10. Providing abortion services or referrals for receipt of such services;
11. Such other activities as the Corporation may prohibit;

WSC prohibited activities:

1. Organizing a letter-writing campaign to Congress;
2. Participating in activities that pose a significant safety risk to participants;
3. Preparing any part of a grant proposal or performing other fundraising functions to help the program achieve its match requirements, or to pay the program's general operating expenses; and
4. Fundraising, unless under the following circumstances: if it provides direct support to a specific service activity, falls within the program's approved objectives, is not the primary activity of the program, and does not exceed 10% of the total hours served for any Member.

Individuals may exercise their rights as private citizens and may participate in the above activities on personal time, at personal expense, and under their own initiative. The AmeriCorps logo must not be worn while doing so.

- E. A violation of the program's Rules of Conduct, to include AmeriCorps*State Member Conduct Policy #5, will be subject to the progressive discipline model outlined in Section IX.

IX. Disciplinary Guidelines for Improper Conduct

The following guidelines have been developed to provide AmeriCorps Members and Supervisors with standards regarding disciplinary steps for improper conduct. Improper conduct includes, but is not limited to a violation of the program's Rules of Conduct, as described in Section VIII. Any behavior that affects a Member's ability to perform the service assignment, or that is not in the best interest of the sponsor organization or its project will be subject to review by the Supervisor and disciplinary action may be taken, up to and including termination of service.

It is the intent that problems are settled at the local level, so that the Member can remain in continuous effective service. Members and Supervisors are encouraged to bring concerns to each other and to utilize conflict resolution strategies to accommodate this goal.

In most cases, progressive discipline according to the following guidelines will be appropriate. However, in some cases the situation may be so serious that some or all of the following progressive discipline steps may not be followed to accommodate the appropriate level of discipline:

- A. For the first offense, the Supervisor will issue a verbal warning to the Member. The Supervisor will email the WSC Program Coordinator to document the verbal warning.
- B. For the second offense, the Supervisor will issue a written warning and a corrective action plan must be written and signed by both the Supervisor and the Member (as receipt of that copy).
 - Supervisor will provide a complete copy with signatures via email (attached) to the WSC Program Coordinator within two (2) business days of the issuance of this written warning and corrective action plan to the member.
- C. For the third offense, the Member may be suspended for one day or more without compensation and will not receive credit for any service hours missed.
 - Supervisor will get approval from the WSC Program Coordinator prior to suspending a member.
- D. For the fourth offense, the Member may be released for cause.
 - Supervisor will discuss this step with the WSC Program Coordinator prior to taking this action.

Members must maintain good standing with the placement site; failure to do so may result in disciplinary action up to, and including, termination from the service position.

Disciplinary Guidelines for Improper Conduct

	MISCONDUCT	FIRST OFFENSE	SECOND OFFENSE	THIRD OFFENSE	FOURTH OFFENSE
1	Failure to complete and submit Member timesheets as required.	Verbal Warning	Written Warning	Suspension	Termination
2	Failure to notify Supervisor(s) of intent to be late or absent within 30 minutes of scheduled starting time; reporting late for service assignments without good cause; leaving service assignments without Supervisor's permission.	Verbal Warning	Written Warning	Suspension	Termination
3	Failure to follow the Supervisor's instructions, failure to maintain proper behavior during term of service which includes, but is not limited to, adhering to service gear and appearance standards, following program rules and guidelines, etc.	Verbal Warning	Written Warning	Suspension	Termination
4	Threatening, intimidating, coercing, or fighting with other Members, project Supervisor(s), other agency personnel, or service recipients.	Immediate Suspension or Termination	Termination		
5	Unexcused absence from service assignment for three consecutive days.	Immediate Suspension or Termination			
6	Being under the influence of, or in possession of, alcohol or any controlled substance during the performance of service activities; engaging in any unlawful activity.	Immediate Suspension or Termination			
7	Falsifying program records or time reports.	Termination			

X. Suspension and Termination

Suspension: AmeriCorps Members may be temporarily suspended for disciplinary reasons as outlined in Sections VIII or IX. Members suspended for disciplinary reasons will not receive a living allowance during their suspension period and the hours of

suspension will not be credited toward the total service hours required for an education award. The Supervisor, in consultation with the WSC Program Coordinator, will determine the number of days of suspension.

Suspension to Investigate Situations that may Result in Release for Cause: For serious allegations that may require the Supervisor to conduct an investigation before determining if the Member should be released for cause, the Member may be suspended for up to 30 days. The site sponsor must consult with the WSC before suspending the Member. During the suspension period, the Member's living allowance shall accrue and health insurance will be provided. Should the Member be reinstated with full rights, the living allowance that accrued during the suspension will be paid to the Member during the next scheduled pay period. If the final determination is that the Member should be released for cause, the Member will not receive the accrued living allowance or any portion of an education award based on the time served in the program. If the Member has obtained loan forbearance, the Corporation will not pay any accrued interest, and the Member may be disqualified from future AmeriCorps service.

Release from Term of Service: AmeriCorps Members may be released from the program for compelling personal circumstances or cause.

A. **Compelling Personal Circumstances:** The Member has the primary responsibility for demonstrating that compelling personal circumstances prevent them from completing the term of service. The Member must submit a written request for termination for compelling personal circumstances, along with any required documentation on or before the termination date. A Member who leaves the program without obtaining a release for compelling personal circumstances is considered released for cause. The WSC is responsible for determining whether a Member's personal circumstances are sufficiently compelling to justify grant of an education award. The Member understands that, as a result of this action, they may only receive a portion of the education award for the actual time served. In order to be eligible for a portion of the education award, the Member must have served a minimum of 15% of the term of service.

Compelling personal circumstances include those that are beyond the Member's control, such as, but not limited to:

- a Member's disability or serious illness
- disability, serious illness, or death of a Member's family Member if it makes completing the term unreasonably difficult or impossible
- military service obligations
- conditions attributable to the program or otherwise unforeseeable and beyond the Member's control, such as relocation of a spouse, or the non-renewal or premature closing of the project.

Compelling personal circumstances do not include leaving the program:

- to enroll in school
- to obtain employment
- because of dissatisfaction with the program
- to enroll into another national service program prior to completing this obligated term of service.

B. **Cause:** A release for cause encompasses any circumstances other than personal and compelling circumstances that warrant a Member's release prior to completing the term of service. Members can be released from the program for, but not limited to, the following reasons:

- engaging in a Prohibited Activity during service
- refusing to serve or participate in program activities
- being habitually tardy or having unexcused absences
- failing to follow program rules and guidelines
- consistently failing to follow Supervisor's instructions
- conduct which substantially diminishes or interferes with the Member's effectiveness as a Member of the WSC
- showing disrespect for other AmeriCorps Members, agency staff, clients, or any person of the public
- illegal possession of a controlled substance or illegal drug use during term of service
- reporting to service and/or training activities under the influence of alcohol or drugs, or when obviously suffering from the residual effects
- consuming alcohol on alcohol-free premises while attending AmeriCorps sponsored events
- being convicted of a felony
- being charged with a violent felony or the sale or distribution of a controlled substance
- destroying property or stealing
- fighting, provoking a fight, or making threats of violence
- possessing any type of weapon while on duty
- lying or falsifying information provided to program staff

Any Member who believes they have been wrongfully terminated from the program has a right to file a grievance. Refer to the grievance procedures outlined in Section XI.

XI. Grievance Procedures

The grievance procedures outlined here apply to service-related issues including suspension, release for cause, and denial of a Segal AmeriCorps education award. Should problems progress to the point of being irresolvable, Members may seek resolution through the following grievance procedures.

Optional Alternative Dispute Resolution (ADR): ADR is available, but must be agreed to within 45 days of the underlying dispute. If both the Member and WSC choose ADR as a first option, a neutral party designated by the WSC will attempt to facilitate a mutually agreeable solution. The neutral party must not have participated in any previous decisions concerning the issue in dispute. ADR is confidential, non-binding, and informal. If ADR fails to facilitate a mutually agreeable resolution, and a grievance hearing is requested, no communications or proceedings of ADR may be referred to at the grievance hearing or arbitration stages. The neutral party may not participate in subsequent proceedings.

If ADR is chosen, the deadlines for convening a grievance hearing and for a grievance hearing decision, 30 and 60 days respectively from the filing of a grievance, are

suspended until the conclusion of ADR. At the initial session of ADR, the neutral party must provide written notice to the aggrieved party of his or her right to request a hearing. If ADR does not resolve the matter within 30 calendar days, the neutral party must again notify the aggrieved party of his or her right to request a hearing. At any time, the aggrieved party may decline ADR and proceed directly to the hearing process.

Grievance Hearing: If a Member or the WSC declines ADR or if ADR fails to facilitate a mutually agreeable resolution, the aggrieved party may request a grievance hearing. The Member must make a written request for a hearing to the WSC Director of Programs and Operations, Washington Service Corps, Employment Security Department, P.O. Box 9046, Olympia, WA 98507-9046. This letter should include a detailed explanation of the dispute, solution requested, and supporting documentation. A request for a hearing must be made within one year after the date of the alleged occurrence. At the time a request for a hearing is made, the program should provide to the Member the information that it relied upon in its disciplinary decision.

The program may arrange for one or more pre-hearing conferences at a time mutually convenient to the parties. Pre-hearing conferences are not a substitute for a hearing, but are intended to facilitate a mutually agreeable resolution. It may make a grievance hearing unnecessary or narrow the issues to be decided at a hearing. The format of pre-hearing conferences may be flexible, involving meetings with one party at a time and/or with both parties together. Pre-hearing conferences are conducted by the WSC Director or the Director's designee.

The hearing will be conducted by the WSC Director or the Director's designee. The person conducting the hearing may not have participated in any previous decisions concerning the issue in dispute. A hearing must be held no later than 30 calendar days after the filing of the grievance, and a written decision must be made no later than 60 calendar days after filing.

Binding Arbitration: An aggrieved party may request binding arbitration if a grievance hearing decision is adverse or if no decision is made within 60 calendar days of the filing of the grievance. The arbitrator must be independent and selected by agreement of the parties. If the parties cannot agree on an arbitrator, the Chief Executive Officer (CEO) of the Corporation for National and Community Service will appoint one within 15 calendar days after receiving a request from one of the parties.

An arbitration proceeding will be held no later than 45 calendar days after the request for arbitration, or no later than 30 calendar days after the appointment of an arbitrator by the Corporation's CEO. An arbitration decision will be made no later than 30 calendar days after the commencement of the arbitration proceeding.

The cost of arbitration will be divided evenly between the parties, unless the aggrieved party prevails, in which case the program will pay the total cost of the proceeding as well as the prevailing party's attorney fees.

XII. Miscellaneous Items

Alternative Service: When unable to serve with the sponsor organization or service site due to school breaks, extended agency holidays, inclement weather, etc., activities must be developed for Members to continue to serve. School breaks such as winter and

spring breaks should not be considered vacations for Members. Consult the [WSC Policy](#) on Member Hours and Allowable Service Activities for more information. Additional information on how Members and Supervisors document [alternative service hours](#) is on the WSC website.

Appropriate Use of the AmeriCorps and WSC Names and Logos: The phrase “The AmeriCorps National Service Network” or an “AmeriCorps® Program” and the slogan “Getting Things Done”™ may only be used on materials in accordance with Corporation guidelines and requirements. The AmeriCorps logo cannot be altered. The Washington Service Corps logo is also available for use by local programs and Members. As with the AmeriCorps logo, the WSC logo cannot be altered.

Commercial Creditors: Neither the WSC nor the sponsor organization is responsible for the personal debts of any AmeriCorps Member. Neither the Member nor the sponsor organization is authorized to obtain an extension of credit by representing themselves as state government employees.

Days of Service: Members are encouraged to participate in AmeriCorps affiliated service projects for the following recognized events:

Make a Difference Day	October	http://makeadifferenceday.com/
Martin Luther King, Jr. Day	January	http://mlkday.gov/index.php
AmeriCorps Week	March or May	http://www.americorps.gov/about/americorpsweek/index.asp
National Volunteer Week	April	http://www.handsonnetwork.org/nationalprograms/signatureevents/nvw

- **Martin Luther King, Jr. Day of Service** (MLK Day) is a national day of service and Members are expected to observe this Federal Holiday as a “day on, not a day off”. It occurs on the third Monday in January. Members are encouraged to serve on this holiday at their site or to participate in service activities planned in their local communities. Many resources for planning and promoting community service events for this day of service can be found on the mlkday.gov website.

Disaster Response and/or Recovery Efforts: WSC Members may be deployed to help support disaster response and/or recovery efforts. Sponsor organizations must agree to release Members for short term duration to assist with these efforts. Deployment may be waived if it presents undue hardship for an individual Member. Any deployment would be within the state of Washington, unless specifically requested through our cooperative agreement with the Corporation for National and Community Service. All out-of-state Member deployments need prior approval from the WSC Director of Programs and Operations for a Member to travel outside the state of Washington. Consult the [WSC Policy](#) on Member Deployment for additional information.

Drug Free Workplace Act: In accordance with the Drug Free Workplace Act, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited by the WSC. Alcohol and drug abuse adversely affects health and service performance, creates dangerous situations, and serves to undermine the community's confidence in the AmeriCorps program. Therefore, the WSC AmeriCorps program prohibits drug or alcohol abuse on the part of its Members. A WSC sponsor organization may require Members to submit to drug testing as a condition of selection or when there is reasonable suspicion of drug use. If an AmeriCorps Member is arrested for, or convicted of a drug offense, the Member must notify their Supervisor who will notify the WSC Program Coordinator in writing within five days. The WSC will take appropriate action including referral to a drug rehabilitation program, suspension, or release for cause consistent with the WSC rules on termination and suspension of service.

E-mail and Internet Usage: Each sponsor organization provides equipment such as phone, computer and internet access to their AmeriCorps Members to assist in the performance of their official duties. The equipment shall be used only for business purposes and AmeriCorps Members must adhere to the policies provided by the sponsor organization. Improper or illegal use of e-mail or Internet resources poses serious risk and liability to the AmeriCorps Member, sponsor organization, and the WSC. Violations will result in the disciplinary process consistent with the WSC rules on suspension and termination of service, Section X.

Employee Displacement: Projects may not permit a Member to fill in for an absent employee. By law, Members may not under any circumstances perform services, duties, or activities that had been assigned to an employee or to an employee who has recently resigned or been discharged. Projects may not use a Member in a way that will displace an employee or infringe upon an employee's promotional opportunities.

Equal Opportunity: As a grantee of the WSC, each sponsor organization receiving the services of an AmeriCorps Member agrees that they will abide by federal laws and Corporation for National and Community Service policy on Equal Opportunity. An environment free of discrimination for all AmeriCorps Members will be provided by both WSC and the sponsor organization. Recognizing that the fabric of our society is strengthened by the diversity of its citizens, the policy of CNCS is to ensure mutual respect for all differences among us. Participation in AmeriCorps will be based on merit and equal opportunity for all, without regard to factors such as race, color, national origin, sex, sexual orientation, religion, age, disability, political affiliation, marital or parental status, military service, or religious, community or social affiliations.

The WSC and its site sponsors agree to provide an environment free from sexual, racial, national origin or religious harassment. Harassment includes unwelcome verbal, physical or graphic conduct that has the purpose or effect of interfering with work or service performance or creating an intimidating, hostile or offensive work or service environment.

Any volunteer, service participant, client, employee or beneficiary who believes they have been subjected to discrimination in violation of nondiscrimination provisions of applicable laws, regulations or this policy may raise his or her concerns with the Corporation's Office of Civil Rights and Inclusiveness. However, discrimination claims not brought to the attention of the CNCS Office of Civil Rights and Inclusiveness within 45 days of their occurrence may not be accepted in a formal complaint of discrimination.

The Office of Civil Rights and Inclusiveness may be reached at eo@cns.gov, (202) 606-7503 (VOICE), (202) 606-3465 (FAX), or (202) 606-3472 (TDD). The Corporation's Office of Civil Rights and Inclusiveness attempts to resolve concerns about discrimination promptly and when possible, uses an informal conciliation process to do so. CNCS encourages, but does not require, volunteers, service participants, and other beneficiaries to first bring concerns about discrimination to the director or appropriate personnel of the program or project. CNCS encourages directors of programs and projects to facilitate prompt resolution of these concerns.

Fraternization: Relationships between AmeriCorps Members and staff Members that have the appearance of partiality, preferential treatment, or the improper use of position for personal gain, are prejudicial to the morale of AmeriCorps Members and will not be tolerated.

Funding Contingency: In the event funding for the Washington Service Corps is reduced or eliminated; or if program requirements are changed prior to or after the date of this agreement; the Washington Service Corps may terminate or modify this service agreement with 30 days written notification to the Member and the sponsoring organization.

Fundraising: An AmeriCorps Member may spend no more than ten percent of his or her originally agreed-upon total service hours during his or her term of service in performing fundraising activities. Funds raised must be in direct support of the program service activities. AmeriCorps Members may not: raise funds for additional living allowance or sponsor organization match, raise funds for an organization's operating expenses or endowment, write grant applications for AmeriCorps funding or for any other funding provided by the Corporation for National and Community Service, or any other federal agency.

Stories of Service: Submit at least one "Story of Service" per quarter with a picture of Member, wearing gear, in action. Use the WSC Story of Service Form, located on the [WSC website](#), to write a short story that shows how you or your program impacted the lives of individuals you serve; or how the national service opportunity has impacted the life of the Member. The stories are used by the WSC to highlight Member service to our stakeholders and the general public. Submit the story on the form to your Supervisor, and your Supervisor will forward it to the WSC Program Coordinator. The Supervisor may also write up his or her story of service to highlight their member(s) service performance. A photo release is required if non-Members are pictured.

Informed Consent/Release to Use Image and Voice Recordings: The Member assigns all rights to the WSC, the Washington State Commission for National and Community Service and the Corporation for National and Community Service to use their name, photograph and/or video recordings and other identifying information for publicity or promotional purposes. This includes the editing, duplication, reproduction, copyright, exhibition, broadcast and/or other non-profit use and distribution of such photographs and recordings for the purposes deemed suitable by the WSC unless specifically noted to the contrary.

Legislative and Media Reporting: If there are any visits by elected officials, or media publications regarding the AmeriCorps project, or the Member's contribution to the sponsor organization's impact, Individual Placement Members are asked to submit a

Legislative and Media Reporting Form once per quarter documenting the recognition. The form is located on the [WSC website](#) under Member Resources.

Nepotism: Related persons may work/serve at the same agency or service site; however, WSC prohibits nepotism and considers it a conflict of interest for our project sites. Sites should refrain from giving preferential treatment or the appearance of preferential treatment by refraining from selecting or supervising members who are related to the sponsoring organization's staff. Relatives are defined as parents, siblings, spouse, domestic partner, and children. This anti-nepotism policy is subject to all anti-discrimination requirements applicable to an individual or an organization.

Reasonable Accommodation: A WSC Member who needs a reasonable accommodation to perform the essential functions of his/her AmeriCorps position must contact their Project Supervisor to submit a request for accommodation. Procedures and guidelines are outlined in the [WSC Policy](#) on Reasonable Accommodation and Nondiscrimination on the Basis of Disability. All approved accommodation requests and the nature of that accommodation must be submitted to the WSC Program Coordinator for the program. All medical records will be kept in a secured location, separate from the member(s) main record.

Service Gear: Members are required to wear appropriate service gear during all service activities. Service gear, which is a symbol of a Member's commitment to serve, may include WSC or AmeriCorps lapel pins, shirts, vests, sweatshirts, hats, and badges. As community role models, WSC Members are responsible for maintaining a positive public image and shall follow the service gear and appearance standard guidelines outlined in the [WSC Policy](#) on Service Gear and Appearance. WSC Members represent their sponsor organization, Washington Service Corps, and AmeriCorps whenever they are serving, and thus should conduct themselves in an appropriate and recognizable way.

Supplies and Equipment: WSC does not supply Members with special equipment to serve on a project. If any particular supplies are necessary for the successful implementation of a project, they are to be provided by the site sponsor. The WSC will not replace or compensate for personal or other property lost, stolen, or damaged while in the possession of any AmeriCorps Member.

Use of Vehicles: If a Member uses a personal vehicle in the performance of their service duties, the sponsor organization, or its project must reimburse Members at the sponsor organization's standard rate. Sponsor organizations must require the Member to submit proof of a valid driver's license and insurance, and maintain current auto insurance. All service related travel will be reimbursable, or the sponsor organization or its project must provide transportation for the Member.

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AmeriCorps*State Member Service Agreement Program Year 2013-2014

Acknowledgement

The Member, sponsor organization, and the Washington Service Corps program hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of the Member Service Agreement. If the Member is under the age of 18, the Member's parent or legal guardian must also acknowledge and sign the Member Service Agreement.

The Member is expected to serve an average of at least 40 hours per week for the entire term of service to meet the requirements of the WSC program.

We further acknowledge that the Member's term of service:

- ☐ Begins on September 1, 2013 and ends on July 15, 2014
- ☐ Begins on September 16, 2013 and ends on July 31, 2014
- ☐ Begins on October 1, 2013 and ends on August 15, 2014

The Member's monthly living allowance will be \$1,155.

AmeriCorps Member First Name

AmeriCorps Member Last Name

AmeriCorps Member (Signature)

Date

Parent/Legal Guardian (if applicable)

Date

AmeriCorps Project Supervisor

Date

Washington Service Corps Program Coordinator

Date

Note: Original hardcopy (with all original signatures in ink) to WSC. Copies to Project Supervisor, Legal Applicant and a copy provided to AmeriCorps Member.



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
 5. Sign and date the attestation on the date Section 2 is completed.
 6. Record the employer's business name and address.
 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][]		E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.